

Student Health Screening Attestation Form

Student Name: _____

Date: _____

Parent/Guardian Name: _____

The Office of the Superintendent of Public Instruction (OSPI) requires that staff and students undergo a health screening before entry to school each day. Please answer the following questions for your student. Does your student have:

Symptoms	Yes	No
A cough		
Shortness of breath or difficulty breathing		
Fever (100.4 or higher) or chills		
A sore throat		
Diarrhea		
Recent loss of taste or smell		
Muscle or body aches		

Symptoms	Yes	No
Nausea/vomiting		
Congestion/running nose (not related to seasonal allergies)		
Unusual Fatigue		
Headache		
Has your student had a positive COVID-19 test for active virus in the past 10 days?		
Has your student been in close contact with anyone with suspected or confirmed COVID-19?		
Within the past 14 days, has a public health or medical professional told you to self-monitor, self-isolate or self-quarantine because of concerns about COVID-19 infection?		

Per OSPI and health department guidance, if the answer to any of the above questions is "yes" and the identified symptom(s) is not attributed to another health condition as documented by the student's health care provider, the student must not attend school/school sponsored activities.

Name of Individual Completing Form: _____

10/12/20

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